

BEST AVAILABLE COPY

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|--------------------|----------|------|------------------------|------|------------------------|------|--------------|--|-------------|--|
| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | |
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
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| TOTAL IND. | 17 | | | | |
| TOTAL DEP. | 43 | | | | |
| TOTAL CLAIMS | 60 | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS